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UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA

ROBERT WILLIAM L.,

Plaintiff,

v.

KILOLO KIJAKAZI, Acting
Commissioner of Social Security,

Defendant.

Case No. 2:22-cv-07330-KES

MEMORANDUM OPINION AND
ORDER

I.

INTRODUCTION

On October 7, 2022, Plaintiff Robert William L. (“Plaintiff”) filed a Complaint for review of denial of social security disability benefits. (Dkt. 1.) Plaintiff filed Plaintiff’s Brief (“PB”) under the Rule 6 of the Supplemental Rules for Social Security Actions under 42 U.S.C. § 405(g). (Dkt. 21.) Defendant filed a responding Commissioner’s Brief (“CB”) under the Rule 7. (Dkt. 28.) Plaintiff replied (“PRB”). (Dkt. 29.)

For the reasons stated below, the Commissioner’s decision denying benefits is AFFIRMED.

II.

BACKGROUND

In November and December 2020, Plaintiff applied for Disability Insurance Benefits (“DIB”) pursuant to Title II of the Social Security Act, 42 U.S.C. § 401 et seq., and Supplemental Security Income (“SSI”) under Title XVI, 42 U.S.C. § 1381 et seq., respectively, alleging disability beginning on an amended onset date of April 6, 2021.¹ Administrative Record (“AR”) 57, 285, 290-301.

On February 17, 2022, an Administrative Law Judge (“ALJ”) conducted a telephonic hearing at which Plaintiff, who was represented by counsel, appeared and testified, along with a vocational expert (“VE”). AR 50-75. On March 30, 2022, the ALJ issued an unfavorable decision. AR 26-38. The ALJ used the mandatory five-step evaluation process. At step two, the ALJ found that Plaintiff had the following severe, medically determinable impairments (“MDIs”): “major depressive disorder; schizoaffective disorder, bipolar type; anxiety disorder; and alcohol use disorder.” AR 29. At step four, the ALJ found that despite these MDIs, Plaintiff retained the residual functional capacity (“RFC”) to perform work at all exertional levels with the following mental limitations:

[S]imple, routine, repetitive tasks; no jobs requiring public interaction; no jobs requiring significant teamwork; occasional interaction with coworkers and supervisors; no fast paced work such as rapid assembly or conveyor belt work; and no significant changes in work routine.

AR 33.

Based on this RFC, the VE’s testimony, and other evidence, the ALJ found

¹ April 6, 2021 is the day after Plaintiff enrolled in a sober living home. AR 55, 57, 799, 919. Plaintiff originally alleged disability starting on October 9, 2020, the day after he stopped working. AR 285, 295.

1 that Plaintiff could perform his past relevant work as a cleaner, industrial, both as
 2 actually and generally performed. AR 38. The ALJ concluded that Plaintiff was
 3 not disabled. AR 38.

4 **III.**

5 **ISSUES PRESENTED**

6 This appeal presents the sole issue of whether the ALJ erred in evaluating
 7 the medical opinion of psychological consultative examiner (“CE”) Megan
 8 Williamson, Psy.D. (PB at 2, Table of Contents.)

9 **IV.**

10 **SUMMARY OF VOCATIONAL AND MEDICAL OPINION EVIDENCE**

11 Plaintiff graduated from high school in 1992 with special education services
 12 for dyslexia. AR 337, 753. He worked at Amco Transmission from 1996-2001
 13 then as a fulltime janitor from 2013-2019. AR 338, 753. From January to October
 14 2020, he worked fulltime as a housekeeper at The City of Hope. AR 54, 338. He
 15 quit that job on October 8, 2020, or he was let go for missing too much work. AR
 16 54-55, 336. At about the same time on October 4, 2020, Plaintiff was hospitalized
 17 for depression with suicidal ideation. AR 523. He reported “since age 19 he was
 18 drinking 6 pack of beer per day,” but “he quit drinking 4 months ago.” AR 423.
 19 He relapsed later in October 2020. AR 587, 751. He received state disability
 20 benefits for about a year. AR 55.

21 In March 2021, State agency consultant Tawnya Broade, Psy.D.,
 22 recommended a consultative examination. AR 85. Dr. Broade thought it
 23 inconsistent that Plaintiff’s father² held his power of attorney when Plaintiff had
 24 such a long work history, raising questions in her mind about “whether work
 25 history was supported in some way.” AR 85.

26
 27 ² Plaintiff was married from 2006 to 2016. After his divorce, he lived with a
 28 girlfriend for 18 months. By July 2020, he was living with his parents. AR 754.

1 Per this recommendation, Dr. Williamson conducted a psychological
2 evaluation on May 18, 2021. AR 859-67. For the prior six weeks, Plaintiff had
3 been living at Mariposa House, which he described as a residence “for individuals
4 with mental health issues.” AR 861. Dr. Williamson noted that Plaintiff had six
5 psychiatric hospitalizations, most recently in January 2021. AR 861. He was
6 taking multiple mental health medications. AR 861. He reported a history of
7 alcohol abuse, but less significant than stated in his medical records. AR 862. He
8 told Dr. Williamson that he was unable to drive and did not have a valid driver’s
9 license.³ AR 862. He could complete self-care independently, handle his own
10 funds, complete household tasks, and attend meetings and medical appointments.
11 AR 862. He could do basic spelling, addition, and subtraction, but not
12 multiplication. AR 864. From IQ testing, Dr. Williamson concluded that Plaintiff
13 was “functioning in the extremely low range of intelligence with a Full Scale IQ of
14 63.” AR 865. Other testing showed that Plaintiff’s various forms of memory were
15 “all in the extremely low range.” AR 865. Plaintiff’s score on a trail-making test
16 showed impaired attention, concentration, and decision-making. AR 866.

17 Dr. Williamson diagnosed Plaintiff as suffering from “major depressive
18 disorder with psychotic features.” AR 866. She opined that he could carry out
19 jobs involving 1- or 2-step instructions with no trouble accepting instructions from
20 supervisors. AR 866-67. She also opined that he had “severe”⁴ impairment in his
21 abilities to (1) relate and interact with coworkers and the public; (2) maintain
22

23 ³ In January 2021 Function Reports, both Plaintiff and his father checked a
24 box indicating that Plaintiff drives. AR 350, 375. On October 31, 2020, Plaintiff
25 was hospitalized “in police custody status post motor vehicle accident under the
26 influence of alcohol.” AR 480. In December 2020, he told doctors that he had
“totaled his car.” AR 453.

27 ⁴ Dr. Williamson did not define the term “severe,” but she used it to signify
28 impairment more serious than “mild” or “moderate.” AR 867.

1 concentration, attention, persistence, and pace; and (3) associate with day-to-day
2 work activity including attendance and safety. AR 867. He had “moderate to
3 severe” impairment in his ability to “maintain regular attendance in a workplace
4 and perform work activities on a consistent basis.” AR 867. As the basis for all
5 these opinions, Dr. Williamson cited “[Plaintiff’s] clinical presentation, clinical
6 observations, [and] review of records.” AR 867.

7 In June 2021, a medical reviewer questioned Dr. Williamson’s findings, as
8 follows:

9 I find that the MSS [medical source statement] appears overly
10 restrictive, esp[ecially] as [Plaintiff] held a FT [fulltime] job from
11 10/2013- 10/2019 and given his ADLs [activities of daily living]. Do
12 you agree that w/ sobriety & med compliance, [Plaintiff] would be
13 capable of SRT’s [simple, repetitive tasks] w/ limited public contact?
14 AR 86. State agency consultant Preston Davis, Psy.D., responded, offering
15 opinions about Plaintiff’s mental RFC. First, Dr. Davis found Plaintiff’s ADLs
16 inconsistent with his claimed level of impairment. AR 92-93. Per his Function
17 Report, Plaintiff had no problems with self-care and chores, although he needed
18 some reminders. AR 373-74. He could use public transportation, shop in stores,
19 and pay bills. AR 375. The only side effect from his mental health medications
20 was “blurred vision,” and he wore corrective glasses. AR 378-79.

21 Next, Dr. Davis gave multiple reasons for finding Dr. Williamson’s MSS
22 unpersuasive, as follows:

23 The opinion relies heavily on the subjective report of symptoms and
24 limitations provided by the individual, and the totality of the
25 evidence does not support the opinion.

26 The opinion contains inconsistencies, rendering it less persuasive.

27 The opinion appears to rely on the assessment of limitations resulting
28 from an impairment for which the source has not treated or

1 examined the individual.

2 The medical opinion is without substantial support from the medical
3 source who made it, which renders it less persuasive.

4 The CE examiner's opinion is an overestimate of the severity of the
5 individual's restrictions/limitations.

6 AR 98. Dr. Davis also noted that Dr. Williamson "did not Dx [diagnose]
7 [Plaintiff] with a cognitive dx [disorder]" such that her "severe [findings]
8 were not fully supported." AR 93; see also AR 86 ("The Severe for
9 interacting was not supported by [Plaintiff's] presentation at the
10 [psychological] CE. Neither was the Severe for CPP [concentration,
11 persistence, and pace], attendance or safety. The opinion of [Dr.
12 Williamson] was overly restrictive & not internally supported." AR 86.

13 Dr. Davis concluded that Plaintiff had a less restrictive mental RFC than Dr.
14 Williamson had opined, as follows:

15 [Plaintiff] can perform simple & repetitive work tasks commensurate
16 with his past work duties. He can interact with supervisors & with
17 coworkers on a limited basis. Contact with the general public should
18 also be limited. Working around others would be distracting for
19 [him], & he would misinterpret other's intentions & words. He can
20 adapt to a work setting that is not fast paced. No other
21 [psychological] based limits assessed.

22 AR 86, 97.

23 On reconsideration in September 2021, M. Lin, M.D., also noted Dr.
24 Williamson's opinions. AR 132-33. Dr. Lin summarized Plaintiff's medical
25 history, including hospitalizations for several days in November and December of
26 2020 due to suicidal thoughts. AR 137. Dr. Lin ultimately agreed with Dr.
27 Davis's assessment, reasoning as follows:

28 Most recent NP PN dated 08/03/2021 [possibly AR 808-09] noted

1 that claimant has been stable with current [psychological] regimen.
2 MSE [mental status examination] was intact for
3 concentration/memory and void of overt psychosis. ... [The
4 Williamson consultative examination] was done in 05/2020¹ and
5 showed claimant to exhibit overall coherent TP [thought process],
6 with intact I/J, [insight/judgment] orientation, and claimant was able
7 to perform serial 2's. FSIQ=63 was felt to be possibly an
8 underestimation due to a combination of depression, medication, and
9 anxiety factors. Given the updated [treating medical evidence], the
10 recent work hx [history], and the ADLs being intact for simple daily
11 tasks, evidence supports that with continued [psychological
12 treatment] and sobriety, claimant retains the ability to do LPC
13 [limited public contact] SRT with simple work routine.

14 AR 137.

15 V.

16 DISCUSSION

17 A. Relevant Administrative Proceedings.

18 The ALJ found that Dr. Williamson's "opinion for 'severe' impairments
19 with various areas, including the ability to relate and interact with coworkers,
20 maintain concentration, attention, persistence, and pace, and with day to day work
21 activity including attendance and safety, is unsupported by the examiner's own
22 various normal findings, as highlighted in the 'paragraph B' analysis." AR 36. In
23 the Paragraph B analysis, the ALJ found that Plaintiff had only "moderate"
24 impairment in the four relevant areas of mental functioning: (1) understanding,
25 remembering, or applying information; (2) interacting with others;
26 (3) concentrating, persisting, or maintaining pace; and (4) adapting or managing
27 oneself. AR 30-31.

28 The ALJ also found Dr. Williamson's opinion "inconsistent with the overall

1 evidence, including Pacific Clinic records showing various intact findings since the
2 amended alleged onset date as noted above such as [Plaintiff] being alert and
3 oriented x 4, cooperative, with normal speech, with a ‘good’ mood, and no
4 perception issues.” AR 36, citing AR 788 (5/7/21: normal speech, good mood,
5 linear thought process, no hallucinations, concentration/memory intact), AR 801
6 (6/23/21: same), AR 805 (7/6/21: same), AR 809 (8/3/21: same), and AR 878
7 (9/8/21: same).

8 In contrast, the ALJ found the opinions of State agency consultants Drs.
9 Davis and Lin persuasive because they were “supported and consistent with the
10 record.” AR 37. The ALJ explained, “since the amended alleged onset date, the
11 record, including the consultative psychological examination findings and Pacific
12 Clinic treatment records, show various intact and stable findings within the context
13 of sobriety and regular mental health treatment, such that the record does not
14 support greater than moderate limitations.” AR 37.

15 **B. Relevant Law.**

16 Plaintiff’s claim for benefits is governed by the agency’s “new” regulations
17 concerning how ALJs must evaluate medical opinions for claims filed on or after
18 March 27, 2017. 20 C.F.R. § 404.1520c. The regulations set “supportability” and
19 “consistency” as “the most important factors” when determining the opinions’
20 persuasiveness. 20 C.F.R. § 404.1520c(b)(2). Although the regulations eliminate
21 the “physician hierarchy,” deference to specific medical opinions, and assigning
22 “weight” to a medical opinion, the ALJ must still “articulate how [they] considered
23 the medical opinions” and “how persuasive [they] find all of the medical
24 opinions.” 20 C.F.R. § 404.1520c(a)-(b).

25 Recently, the Ninth Circuit provided the following guidance regarding
26 treatment of physicians’ opinions under the revised regulations:

27 The revised social security regulations are clearly irreconcilable with
28 our caselaw according special deference to the opinions of treating

1 and examining physicians on account of their relationship with the
2 claimant. See 20 C.F.R. § 404.1520c(a) (“We will not defer or give
3 any specific evidentiary weight, including controlling weight, to any
4 medical opinion(s) ..., including those from your medical sources.”).
5 Our requirement that ALJs provide “specific and legitimate reasons”
6 for rejecting a treating or examining doctor’s opinion, which stems
7 from the special weight given to such opinions, see Murray, 722 F.2d
8 at 501-02, is likewise incompatible with the revised regulations.

9 Insisting that ALJs provide a more robust explanation when
10 discrediting evidence from certain sources necessarily favors the
11 evidence from those sources—contrary to the revised regulations.

12 Woods v. Kijakazi, 32 F.4th 785, 792 (9th Cir. 2022). Accordingly, under the new
13 regulations, “the decision to discredit any medical opinion, must simply be
14 supported by substantial evidence.” Id. at 787.

15 In conjunction with this requirement, “[t]he agency must ‘articulate ... how
16 persuasive’ it finds ‘all of the medical opinions’ from each doctor or other source,
17 and ‘explain how [it] considered the supportability and consistency factors’ in
18 reaching these findings.” Woods, 32 F.4th at 792 (citing 20 C.F.R.
19 § 404.1520c(b)); see also id. § 416.920c(b). “Supportability means the extent to
20 which a medical source supports the medical opinion by explaining the ‘relevant
21 ... objective medical evidence.’” Id. at 791-92 (quoting 20 C.F.R.
22 § 404.1520c(c)(1)); see also id. § 416.920c(c)(1). “Consistency means the extent
23 to which a medical opinion is ‘consistent ... with the evidence from other medical
24 sources and nonmedical sources in the claim.’” Id. at 792 (quoting 20 C.F.R.
25 § 404.1520c(c)(2)); see also id. § 416.920c(c)(2).

26 **C. Analysis of Claimed Error.**

27 Plaintiff argues that the ALJ’s statement that Dr. Williamson’s opinion “is
28 unsupported by the examiner’s own various normal findings, as highlighted in the

1 ‘paragraph B’ analysis” is “inadequate” to explain the ALJ’s reasoning. (PB at 14-
2 15.) Plaintiff contends that Dr. Williamson “provided ample” support for her
3 opinion. (PB at 15-16.)

4 But both State agency doctors who considered Dr. Williamson’s opinion
5 viewed the “severe” limitations as unsupported by her own findings. AR 86, 98,
6 137. For example, Dr. Williamson opined that Plaintiff’s ability to interact with
7 coworkers was severely impaired. AR 867. But Dr. Williamson noted that
8 Plaintiff came to the consultative examination with family (AR 859) and lived in a
9 group home (AR 862). His “attitude and degree of cooperation were adequate for
10 the exam.” AR 859. Plaintiff reported being able to go out in public alone and
11 interact with others appropriately at medical appointments and at group home
12 meetings. AR 862. Dr. Williamson assessed “intact” judgment and insight, both
13 important for getting along with others. AR 864. While Dr. Williamson cites
14 “review of records” as support for this “severe” opinion (AR 867), neither Dr.
15 Williamson nor Plaintiff cites anything in Plaintiff’s medical records that suggest
16 more than moderate difficulty interacting with others. The ALJ noted that medical
17 records from treating sources found Plaintiff “cooperative.” AR 40, citing records
18 including AR 884 (11/3/21: “Pt. is stable, calm and cooperative”); see also AR 609
19 (3/26/21: presented as “acutely intoxicated” but “cooperative”), AR 878 (9/8/21:
20 “cooperative”). The ALJ discussed evidence of Plaintiff’s social interactions,
21 noting that while he reported having “episodes in which he gets angry and
22 frustrated,” Dr. Williamson’s findings showed “adequate attitude and cooperation,
23 speech was normal and clearly articulated, the claimant noted he was able to go out
24 alone and that his relationships with family and friends are fair.”⁵ AR 30, citing
25 AR 862. In sum, Plaintiff has not demonstrated a lack of substantial, evidentiary
26

27 ⁵ Neither Plaintiff nor his father indicated that “getting along with others”
28 was a problem for Plaintiff. AR 352, 377.

1 support for the ALJ's finding that Dr. Williamson's opinion lacked support.

2 Next, Plaintiff contends that the ALJ failed to consider and discuss the
 3 abnormal findings from Dr. Williamson's testing. (PB at 16-17; PRB at 3.) But
 4 the ALJ considered and discussed Plaintiff's low IQ score. AR 31-32 (noting the
 5 score's inconsistency with Plaintiff's ADLs, such as performing independent self-
 6 care, going out alone, handling cash, and interacting appropriately with others).
 7 More fundamentally, in the Paragraph B analysis, the ALJ was explaining why
 8 Plaintiff's functional limitations were "moderate" as opposed to "severe," so the
 9 ALJ logically highlighted evidence consistent with less serious limitations. For
 10 example, Plaintiff cites that Dr. Williamson's testing showed his "auditory, visual,
 11 visual working, immediate, and delayed memory were all in the extremely low
 12 range." (PRB at 3, citing AR 865.) But the ALJ explained why these very low test
 13 results were not conclusive. The ALJ pointed to other testing by Dr. Williamson
 14 that showed Plaintiff could recall 5 digits "forward and 4 backwards, he could
 15 recall 3 items immediately, and knew the current President of the U.S." AR 30,
 16 citing AR 863-64. The ALJ also cited multiple treating sources who assessed
 17 Plaintiff's memory as "intact." AR 30, citing AR 788 (5/7/21) and AR 878
 18 (9/8/21). The ALJ's discussion of the evidence was adequate to permit review of
 19 the reasons for his findings about Plaintiff's mental RFC.

20 VI.

21 CONCLUSION

22 For the reasons stated above, IT IS ORDERED that Judgment be entered
 23 AFFIRMING the decision of the Commissioner denying benefits.

24
 25 DATED: September 01, 2023

26 
 27 KAREN E. SCOTT
 28 United States Magistrate Judge